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THIS IS A PERMANENT RECORD.  
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS.		83			
County of <u>Gila</u>	District of <u>Globe</u>	TOWN OF <u>Globe</u>		City of <u>Globe</u>	
FULL NAME OF CHILD <u>Francisco Cortez</u>		(No. <u>English</u> )		Register No. <u>117</u>	
If child is not named, make Supplemental report on blank obtainable from local registrar		St. ;		Ward)	
Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimacy <u>yes</u>	Date of Birth <u>Nov. 21, 1909</u>
Full Name <u>Louise Cortez</u>	FATHER		Full Maiden Name <u>Amelia Losno</u>	MOTHER	
Residence <u>Globe</u>	Residence <u>Mexico</u>				
Color or Race <u>Mex.</u>	Age at last Birthday <u>25</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>15</u> (Years)		
Birthplace <u>Mexico</u>	Birthplace <u>Mexico</u>				
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>				
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		Were precautions taken against Op. thymia neonatorum <u>yes</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Nov. 21, 1909, at 7:20 AM.

\*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) B. H. Smith

(Attending physician, midwife, householder, \*)

Given or christian name added from a supplemental report 19

Filed Nov 26 1909

Address Globe

B. H. Smith

LOCAL REGISTRAR

COUNTY REGISTRAR

Filed Nov 26 1909

B. H. Smith

COUNTY REGISTRAR

66-1121-136